

APPLICATION FOR PRIOR APPROVAL OF EXPANDED FUNCTION TRAINING

Iowa Board of Dental Examiners
400 SW 8th St., Suite D
Des Moines, IA 50309-4687
<http://www.state.ia.us/dentalboard>
515-281-5157

Note: A fee of \$10 is required to process your request. PLEASE TYPE OR PRINT.

Name of organization or person requesting approval: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Expanded function course you are submitting for review:

- ☐ Taking Occlusal Registrations
- ☐ Placement and Removal of Gingival Retraction
- ☐ Taking Final Impressions
- ☐ Fabrication and Removal of Provisional Restorations
- ☐ Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems
- ☐ Placement and Removal of Dry Socket Medication
- ☐ Placement of Periodontal Dressings
- ☐ Testing Pulp Vitality
- ☐ Monitoring Nitrous Oxide

Name of instructor providing training: _____

Educational background: (Attach a copy of curriculum vitae) _____

Course objectives: _____

1. Plan for initial assessment: _____

2. Resources used for didactic materials. Include a copy of the didactic materials for Board review.

3. Will lab training be provided? YES ☐ NO ☐ If yes, detail lab experience: _____

4. Describe your plan for the clinical component of training. Be specific. _____

5. Plan for post-course competency assessment: _____

6. Provide a detailed breakdown of the dates and times for the entire course: _____

7. Where do you intend to offer the course? _____

8. Who are the intended recipients of the course? _____

9. How many credit hours of continuing education are you requesting? _____

If available, please include a copy of the course brochure.
A copy of the didactic materials must also be included with your request.

You will be contacted after the Iowa Board of Dental Examiners has reviewed your request.

MAIL COMPLETED APPLICATION, ALONG WITH A FEE OF \$10 FOR PRIOR APPROVAL OF CONTINUING EDUCATION HOURS, TO:

Iowa Board of Dental Examiners
Expanded Function Committee
400 SW 8th St., Suite D
Des Moines, IA 50309-4687